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One Metropolitan Square, 16th Floor
St. Louis, Missouri 63102

Telephone (314) 231-5400
Facsimile (314) 231-4342

FACSIMILE TRANSMITTAL COVER SHEET

DATE: 3/21/05 ATTORNEY DOCKET NUMBER: KCC 4953
PTO FACSIMILE NUMBER: (703) 872-9306

PLEASE DELIVER THIS FACSIMILE TO: Examiner Kiliman
THIS FACSIMILE IS BEING SENT BY: Christopher Goff
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Type of paper transmitted: Request for Continued Examination
and Amendment A filed with RCB

Applicant's Name: Krzysik et al.

06/14/2005 TROSS Serial No:91 (Control No.): 10/659,968 Examiner: Kiliman

01 FC:1201 Filing Date: 9/11/03 Art Unit: 1773 Confirmation No.: 5032
02 FC:1204 400.00 DA

Application Title: LOTIONED TISSUE PRODUCT WITH IMPROVED STABILITY

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FEE TRANSMITTAL

Application Number 10/659,968
 Filing Date September 11, 2003
 Inventor(s) Krzysik et al.
 Examiner Name Killman
 Attorney Docket Number KCC 4953 (K-C 18,752)

Art Unit 1773
 Confirmation No. 5032

Applicant claims small entity status.

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
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FEE CALCULATION

1. **BASIC FILING, SEARCH AND EXAMINATION FEES**
 (Type: _____) Subtotal (1) \$ _____
2. **EXCESS CLAIM FEES**

Total Claims 71 - 63 (HP) = 8 x Fee 50 = \$ 400.00
 Indep Claims 4 - 3 (HP) = 1 x Fee 200 = \$ 200.00
 Multiple Dependent Claims Fee S
 (HP = highest number of claims paid for)

Subtotal (2) \$ 600.00

3. **APPLICATION SIZE FEE**

Total Pages 1 - 100 = 0 + 50 = 50 x \$250 = \$ 1250.00
 (Application + Drawings)
(round up to whole \$)

Subtotal (3) \$ 1250.00

4. **OTHER FEE(S)**

- month extension of time
 Information disclosure statement
 37 CFR 1.17(q) processing fee
 Non-English specification
 Notice of Appeal
 Filing a brief in support of appeal
 Request for oral hearing
 Other: Request for Continued Examination

Subtotal (4) \$ 790.00

TOTAL AMOUNT OF PAYMENT \$ 1,390.00

Christopher M. Goff
March 21, 2005

Christopher M. Goff, Reg. No. 41,785
 Telephone: 314-231-5400

Date

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